



City of Worthington
P.O. Box 279
303 9th Street
Worthington, MN 56187

ADA COMPLAINT FORM

Questions marked with an asterisk (*) required an answer to successfully complete this form.

Name*

First Name*

Last Name*

Email Address*

Street Address*

Address Line 1

Address Line 2

City

State

ZIP Code

Date of incident*

Month Day Year

Where is the location of the problem? Please include street name, intersection (if applicable), facility name and/or location if other than a street or walk (i.e. park area, building, etc.) *

Detailed description of the problem*

Additional comments